



APPLICATION FOR DELAYED REGISTRATION OF BIRTH

State Form 3773 (R3/6-05)

Approved by State Board of Accounts 2005

Indiana State Department of Health
Vital Records Division

CONFIDENTIAL per I.C. 16-37-2-5

Section I. To be completed by the health department of the county where the birth occurred

Department of Health

This is to certify that a search of our records failed to reveal any record of the birth of (please complete ALL items):

1. Full Name at Birth

2. Month/Day/Year

3a. Birthplace (City, Town, or Rural)

3b. County of Birth

4. Sex

5. Race

6. Full Name of Father

7. Father's Birthplace

8. Full Maiden Name of Mother

9. Mother's Birthplace

HEALTH OFFICER

Date Issued

(SEAL)

Section II. To be completed by the applicant

WARNING: False application, altering, mutilating, or counterfeiting Indiana birth certificates is a **criminal offense** under I.C. 16-37-1-12

Purpose for obtaining birth record

Your relationship to person named on the birth record

Fees: A \$10.00 nonrefundable search fee is required before a search can be made. The search fee includes one (1) copy if found. Each additional copy of the same record is \$4.00 if ordered/issued at the same time.

Total Number of Certificates

\$

Total Fee

Signature of Applicant

Mailing Address

City and State

ZIP Code

FOR STATE USE ONLY

Vol. _____

Cert. # _____

Filed _____

S. Clerk _____

Telephone Number (include Area Code) _____

This certificate should be mailed to (please PRINT the name and mailing address):

Name

Mailing Address

City and State

ZIP Code

SEND TO:

Indiana State Department of Health
Vital Records Division
2 North Meridian Street
Indianapolis, Indiana 46204